

ARKANSAS STATE VEHICLE SAFETY PROGRAM
AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION, OFFICE OF DRIVER SERVICES

- **State Agency** Arkansas State Bank Department **Code** 405
- **Agency Address** 400 Hardin Road, Suite 100 Little Rock, AR 72211
- **Agency Contact Person** Gail Green, Fiscal Manager

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by Arkansas Code Ann. 27-50-906 and 27-50-908. This record shall include material normally excluded by Arkansas Code Ann.27-50-802.

Signature of individuals appearing below shall constitute consent for the release of such records to the State agency named on this form.

Employee _____
Last Name First Name Middle Initial

D.L.N. _____ *Date of Birth* ____/____/____

Employee Signature Date

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